



**DECLARATION
FOR UTILITY OR DESIGN
PATENT APPLICATION**
(37 CFR 1.63)

- ☒ Declaration Submitted with Initial Filing, OR
☐ Declaration Submitted after Initial Filing
 (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 0100.9900680
 First Named Inventor Klebanov, et al
 COMPLETE IF KNOWN
 Application Number
 Filing Date
 Group Art Unit
 Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **METHOD AND APPARATUS FOR RECEIVING DIGITAL VIDEO SIGNALS**

the specification of which:

- ☒ is attached hereto.
☐ was file on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- ☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

- ☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

- ☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
Timothy W. Markison	33,534	Christopher J. Reckamp	34,414
Paul M. Anderson	39,896	Sally Daub	41,478
J. Gustav Larson	39,263		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
Ilya		Klebanov	
Inventor's Signature	<i>[Signature]</i>	Date	Oct. 12/99
Residence	City: Vaughan	State: Ontario	Country: Canada
Post Office Address		Citizenship: Israel	
202 Pinewood Drive			
City: Vaughan	State: Ontario	ZIP: L4J 5R6	Country: Canada

Name of Additional Joint Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
Edward G.		Callway	
Inventor's Signature	<i>[Signature]</i>	Date	Sept. 8, 1999
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Name of Additional Joint Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
Chun		Wang	
Inventor's Signature	<i>[Signature]</i>	Date	10. Sept. 1999
Residence	City: North York	State: Ontario	Country: Canada
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735 Dun Mills Road			
City: North York	State: Ontario	ZIP: M3C 1S9	Country: Canada

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet	Page 1 of 1 Attorney Docket Number 0100.9900680
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Name of Additional Joint Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Ivan W.Y.		Yang	
Inventor's Signature	Date		10th Sept/99
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City: Markham	State: Ontario	ZIP: L6C 1W9	Country: Canada

Name of Additional Joint Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Inventor's Signature	Date		
Residence	City:	State:	Country:
Post Office Address			
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Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature	Date		
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Post Office Address			
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City:	State:	ZIP:	Country: